SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIED COUNTE WISTONSIN

Date SIND (Received) 13 2016

Bayfield Co. Zonling Dept

ENTERED Refund: Amount Paid: ermit #: \$485 6 6-3-16 087

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

)LTIES	Secretarial Staff	MITHOUT A PER	ALINE CONSTRUCTION			ia .	Secretarial Staff	
	×)	_				olain)	Other: (explain)		:	
	×		mining			Conditional Use: (explain)	Conditiona	2550		
			and the state of t		A CONTRACTOR OF THE CONTRACTOR	e: (explain)	Special Use: (explain)			
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	×	-	The state of the s		W	Building (specify)	Accessory Building		Municipal Use	
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		<u> </u>			te)	Mobile Home (manufactured date)	Mobile Ho			
	×		& food prep facilities)	, <u>or</u> □ cooking	sleeping quarters,	Bunkhouse w/ (☐ sanitary, or	Bunkhouse			
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	* * - -	-				with (2 nd) Deck				
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	: ×					with (2 nd) Porch				
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	×	_	THE PARTY OF THE P			with Loft				
0.50	(CX 27)	- W			hack, etc.)	Residence (i.e. cabin, hunting shack, etc.)	Residence	<		
		-			ture on property)	Principal Structure (first structure on property)	Principal St			T
Footage	Dimensions	п		re	Proposed Structure			<	Proposed Use	george l
									ri Oposed collsa denoli.	1 100
151	Height:		Width: 27	7	Length: 26	Structure: (if permit being applied for is relevant (033)	ig applied for l	permit beir	Existing Structure: (II	9: 85 PA
	Height:		Width:		- ength:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				i [
			□ None		Space	4' CRAWISP				
		Ť				X Foundation		Property		
	ntract)	rvice co	Portable (v	□ None		□ No Basement		Run a Business on		
lon)	Vaulted (min 200 gallon)	Val		- 1	lase		+	Conversion	100000	
	ify Type:	Spe	☐ Sanitary (Exists) Specify Type:			2-Story	-	Addition/Alteration		
_	ity Comoce Tiens	Spec	- 1	X.	Vear Round		•	WEW COURTING		
☐ City		•	☐ Municipal/City		'X' Seasonal	▼ 1-Story		Court Donate	4	435
Water	What Type or Sewer/Sanitary System Is on the property?	What Typer/Sanital on the pro	Sewer/ Is on	# of bedrooms	Use	# of Stories and/or basement		Project	of Completion *include donated time &	NESSER EN LES
(S)									Value at Time	3378
									Non-Shoreland	. 2
\$ 0, 3,	- NO	feet	S HOIL SHOLEIN	Distance Structure	Pond or Flowage If yescontinue>	☐ Is Property/Land within 1000 feet of Lake, Pond or Howage If yescontinue	Land within 1	ls Property/		
× es	□ Yes	ъ́	is from Shorelin	Dirtanco Str		Coopean: If yes	Creek of Landwald side of Floodplanii	eek or Land	□ Shoreland ——> Cr	30 g (2)
Are Wetlands	ls Property in Floodolain Zone?	feet	is from Shorelin	Distance Structure	m (incl. Intermittent)	liver, s	Land within 3	Is Property/	,	
	080	×	16	GNES	Thu			, comment	Section 0	
Z Ž	Acreage		Lo	•	Town of:	N Range 9 W	1 N C. 17	Townshin	S continue &	
		Subdivision:	Block(s) No.	Lot(s) No.	1 //3 S Page	Lot(s)	Gov't Lot	1/9	W 1/2 E	1
e(s)	Page(s)		3000-3000	-80-60-	スナーン・グラ	Tax Statement) 04-022	(Use	Legal Description:	PROJECT LOCATION Leg	
No No Nership)	Document: (i.e. Property Ownership)	Recorded I			SAMO	1 A				1
Written Authorization Attached	Written A Attached	/Zip):	dress (include City/State/Zip):	Agent Mailing Address (include	000	Age	tion on behalf of	on Signing Applica	Pers	D L
Plumber Phone: フィダイン	Plumber Plumber	ζ Σ	TEN CITE	Plumber:) - -	Con			Contractor:	്പ്
			δ	54820	State/Zip:	19 10 10 10 10 10 10 10 10 10 10 10 10 10	old that	0 050	Address of Property: 2/	"IC»
ie:	5316 Cell Phone:	Ġ	champlin MM.	W	POBOX 19	<u> </u>	14/27	ed L	Richard & Sod	1
ĸ.	12		<u> </u>						Owner's Name:	ol.
OTHER	🗆 в.о.а. 🗆 с		LUSE SPECIAL USE	CONDITIONAL USE	□ PRIVY □ (SE ANITARY	LAND USE	352	TYPE OF PERMIT REQUESTED—►	<u>-</u>

Authorized Agent: Address to send permit American ATT. MAKK (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Homes 5628 ري ا - ا 22 Haywavel will 5484 3 Attach
If you recently purchased the property send your Recorded Deed

must accompany this application)

Date

51777

Date

I (we) declare that this applicat am (are) responsible for the de may be a result of **Bayfield Co** above described property at an

Owner(s):

(If there are Multiple Owners listed

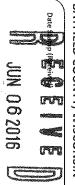
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Comparing all	Hold For Fees:	Hold For Affidavit:		Signature of inspector: Hold For Sanitary: Told For TBA:
Some in colors of	Lakes Classification () Thate of Be-inspection: Date of Approvel:	Z 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ected Tres	Date of Inspection: 5 - 25 - 1 Condition(s): Town, Committee or Board Conn U)) C
1 December (1) D	(B.O.A.) Case #: Perrty Surveyed Coning District (B.O.A.) Affidavit Attached Yes			ship
Company and (1) Frontage Road (Name Frontage Road) (Name Frontage Road)	Sanitary Date: 6-8-16 Affidavit Required Yes V	nial: (0:3-/C No Mittigation Re	Sanitary Numb Reason for Der Permit Date:	Issuance Information (County Use County Use County Denied (Date): Permit #: 16-0183 Is Parcel a Sub-Standard Lot
(3) Show to Catalon of (1): (4) Show: (5) Show and (1): (7) Well (N); (7) Special mid (51; (7) Hodding Tank (H1) and/or (*) Privy (9) (8) Show any (*): (9) Show any (*): (1) Lake; (7) Show any (*): (1) Lake; (7) Show any (*): (1) Lake; (7) Show any (*): (2) Show any (*): (3) Show any (*): (1) Lake; (7) Show any (*): (1) Lake; (7) Show any (*): (2) Lake; (7) Show any (*): (3) Show any (*): (4) Show any (*): (5) Show any (*): (7) Show any (*): (8) Show any (*): (9) Show any (*): (1) Lake; (7) Show any (the proposed site of the structure, or must be the proposed site of the structure, or must be the proposed site of the structure, or must be the proposed site of the structure, or must be the proposed site of the structure, or must be proposed site of the structure, or must be proposed site of the structure, or must be the	truction, Septic Tank (Septic Tank) struction, Septic Tank (Septic Tank) Wear from the Date of Iss State or Federal agencie	d Location(s) of New Cons d Location(s) of New Cons Use Permits Expire One (1) lew One & Two Family Dwell The local Town, Village, City,	Thro to the placement or name previously surveyed or named by a licensed sun. 34 Color of the c
(3) Show any (1): (3) Show any (1): (4) Show any (1): (5) Show any (1): (7) I late; (7) Rever, (1) Stream/Creek, or (1) Pond (7) Show any (1): (8) Show any (1): (9) Show any (1): (1) Late; (1) Rever, (1) Stream/Creek, or (1) Pond (1) Show any (1): (1) Late; (1) Rever, (1) Stream/Creek, or (1) Pond (1) Show any (1): (1) Late; (1) Rever, (1) Stream/Creek, or (1) Pond (1) Show any (1): (1) Late; (1) Rever, (1) Stream/Creek, or (1) Pond (1) Show any (1): (1) Late; (1) Rever, (1) Stream/Creek, or (1) Pond (1) Show any (1): (2) Show any (1): (3) Show any (1): (4) Late; (1) Rever, (1) Stream/Creek, or (1) Pond (1) Show any (1): (2) Late; (1) Rever, (1) Stream/Creek, or (1) Pond (1) Show any (1): (2) Late; (1) Rever, (1) Stream/Creek, or (1) Pond (1) Show any (1): (2) Late; (1) Rever, (1) Stream/Creek, or (1) Pond (1) Show any (1): (2) Late; (1) Rever, (1) Stream/Creek, or (1) Pond (1) Show any (1): (2) Late; (1) Rever, (1) Stream/Creek, or (1) Pond (1) Show any (1): (2) Late; (1) Rever, (1) Stream/Creek, or (1) Pond (1) Show any (1): (2) Late; (1) Pond (3) Late; (1) Late; (1) Pond (4) Late; (1) Late; (1) Pond (5) Late; (1) Late; (1) Pond (6) Late; (1) Late; (1) Pond (7) Late; (1) Pond (7) Pond (8) Late; (1) L	se visible from one previously surveyed corner	Feet Secudic Kitch	### ##################################	Setback to Septic lank or Holding lank Setback to Drain Field Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within to other previously surveyed corner or marked by a licensed sur
(3) Show Location of (*): (4) Show: (5) Show: (7) Show any (*): (8) Show any (*): (9) Show any (*): (1) Wetlands; or (*) Singular (*) Frent Held (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (7) Show any (*): (8) Show any (*): (9) Show any (*): (1) Wetlands; or (*) Singular (*): (2) Singular (*): (3) Show any (*): (4) Show any (*): (5) Show any (*): (7) Show any (*): (8) Setbacks (measured to the closest point) (8) Setbacks (measured to the closest point) (9) Setback from the Lake (ordinary high-water mark) (9) Setback from the Lake (ordinary high-water mark) (9) Setback from the Lake (ordinary high-water mark) (9) Setback from the Bank or Bluff	perty XYes		30, 30,	Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line
(3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Like; (*) Rivertures on your Property. (8) Show any (*): (9) Like; (*) Rivertures on your Property. (1) Like; (*) Rivertures on your Property. (*) Show any (*): (*) Wedlands; or (*) Shops over 20% (*) Wedlands; or (*) Shops	high-water mark) , Creek			from the from the
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Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) Show: All Existing Structures on your Property Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) Show any (*): (*) Wetlands; or (*) Stream/Creek; or (*) Pond Show any (*): (*) Wetlands; or (*) Slopes over 20% E8 /+ 05 /-	536' Slope	,	5ACRE	
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Show / Indicate:	olding Tank (HT) and/or (*) Privy (P)	tage Road (Name Front your Property nk (ST); (*) Drain Field eam/Creek; or (*) Pond s over 20%	(*) Driveway and (*) From All Existing Structures on (*) Well (W); (*) Septic Ta (*) Lake; (*) River; (*) Stre (*) Wetlands; or (*) Slope	(2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Refund: Date: Amount Paid: Permit #: S/S 16-0149 0-10-16 0-10-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

APPLICANT.

	×	_				(plain)	Other: (explain)	_	
www.www.moreoughtht.ddfffilia	×	_	A CONTRACTOR OF THE PROPERTY O			Conditional Use: (explain)			
	×	_	W. C.		The second secon	Special Use: (explain)			
							170	ance	Rec'd for Issuance
	×		and the beautiful for the state of the state		Iteration (specify)	Accessory Building Addition/Alteration			
1200		30			GARAGE	Accessory Building (specify)	<u> </u>	×	iviunicipal Ose
	× 	~				Addition/Alteration (specify)			
**************************************	×	_	The state of the s		e)	Mobile Home (manufactured date)			
	×	_	cooking & food prep facilities)	or Cooking &	sleeping quarters, g	Bunkhouse w/ (\square sanitary, or \square sleeping quarters,	Bunkhou		
	×	_			age	with Attached Garage		lse	Commercial Use
	×	_				with (2 nd) Deck			
7-18-18-18-18-18-18-18-18-18-18-18-18-18-	×	-				with a Deck			
	×					with (2 ^{no}) Porch		<u> </u>	
	×					with a Porch		88	X. Residential Use
	×	_				with Loft			
	×				nack, etc.)	Residence (i.e. cabin, hunting shack, etc.)	Residence		
	×				ure on property)	Principal Structure (first structure on property)	Principal		
Square Footage	Dimensions	₽		טו	Proposed Structure	_		.	Proposed Use
	Height		Width:		Length:			tion:	Proposed Construction:
	Height:		Width:		Length:	r is relevant to it)	peing applied fo	(if permit	Existing Structure: (if permit being applied for is relevant to it)
			None						
		et				1 1		Property	
	tract)	ervice con	- 1	X None		∑ No Basement	usiness on	Run a Business	
	Vaulted (min 200 gallon)	r Vau	□ Privy (Pit) or			Basement	Relocate (existing bldg)	Relocati	
	V Type: Seor I	sts) Speci	Sanitary (Exists) Specify Type: Sept 1		7		ion i	Conversion	\$ \$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Xwell	y Type:	ry Specify	☐ (New) Sanitary)	r	Addition/Alteration	Addition	, T,
□ City		7	☐ Municipal/City	1	☐ Seasonal	X 1-Story	New Construction	XNew Co	Hatel at
Water	e of y System perty?	What Type of Sewer/Sanitary System Is on the property?	Sewei Sewei	# of bedrooms	Use	# of Stories and/or basement	Project	Pri	of Completion * include donated time &
	- Anna			-					
									Non-Shoreland
□ Yes	¥Yes □ No	line : feet	cture is from Shoreline :	Distance Structure みちひ	Pond or Flowage If yescontinue>	🕦 is Property/Land within 1000 feet of Lake, Pond	rty/Land withir	🔭 is Prope	Д'§horeland 🛶
Are Wetlands Present?	Is Property in Floodplain Zone?	line : feet	Distance Structure is from Shoreline:	Distance Stru	m (incl. Intermittent)	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue—▶	erty/Land withir andward side o	☐ Is Prope Creek or I	
S. B.	Acreage	Lot Size		Contraction	Town of	N, Range W	and grand	, Township	Section 22
		Subdivision:	Block(s) No.	Lot(s) No.	り Vol & Page V.4 ネラン	Lot Lot(s) CSM	Gov't Lot	1/4	1/4,
(s)	Page(s)	Volume	05-003-200e		04-022-2-47-09-23-1	P P	Legal Description: (Use Tax Statement)	Legai Desc	PRØJECT LOCATION
J No	Attached								
Written Authorization	Written	ate/Zip):	Agent Mailing Address (include City/State/Zip):	ent Mailing Add			oplication on behalf	son Signing A	Authorized Agent: (Person Signing Application on behalf of Owner(s))
Phone:	Plumber Phone:			_ =	or Phone:	e P	(35/C)	2000	5
0451-548-916	<i>2</i> 18-3		7	LKBH2 I	וכש משיעם ני	[Roz	B	5	000 TRUL
Cell Phone:	÷	845	PROJUMENT WI		5965 ROW LAKE RD	5 9 65	HUBBARD		LEONARD J Address of Property:
ne:	Telephone:		City/State/Zip:	City/	Address:				Owner's Name:
□ OTHER	□ B.O.A. □	3SU II	☐ CONDITIONAL USE ☐ SPECIAL USE	CONDITIONA	□ PRIVY) USE SANITARY	X LAND USE	UESTED-	TYPE OF PERMIT REQUESTED-

Owner(s): _____(If there are Multiple O

dall own

or letter(s) of authorization must accompany this application)

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[{we}] declare that this application [finduding any accompanying information] has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) and (are) providing for the describe for the detail and accuracy of all information I (we) am (are) providing for has it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on its information I (we) am (are) providing to with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Other: (explain)

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter

of authorization must accompany this

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Date

Date

6-5-16

Address to send permit

SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: 5 +175

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

1625

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Date Samples Canad NOV 19 2015

Refund:	(0-1)	Amount Paid:	Date: (6-/C	Permit #: //6 - O	
	0-16		16		

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO BOY TOOK TOO. ZONING Dept. Qwner TYPE OF PERMIT REQUESTED -> | X LAND USE NENW SIB Authorized Agent: (Person Signing Application on behalf of Owner(s)) Address of Property: Non-Shoreland Shoreland PROJECT LOCATION K Section _1/4, 1 \Box NEW 1/4 -T4(N-☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue Legal Description: (Use Tax Statement) *UKKAN ☐ Is Property/Land within 300 feet of River, Stream (incl. Inter-Creek or Landward side of Floodplain? If yes---continu , Township 🖺 🕕 N, Range KOGW SANITARY | PRIVY | Mailing Address: 9 Lot(s) Contractor Phone: ITA Caroosel PIN: (23 digits)

04-04-022-2-2-44-09-13-2-01-00-1360 (Volume.)

1 CSM | Vol & Page | Lot(s) No. | Block(s) No. | Subdivisi City/State/Zip: ≨ continue ---Nuches 4 SEE SEE Agent Mailing Address (include City/State) CONDITIONAL USE Distance Structure is from Shoreline : Distance Structure is from Shoreline Stokessole SPECIAL USE E 1300/2× Subdivision: Recorded Document: (i.e. Property Ownership) 27357/36-298-4318 (F) □ B.O.A. Is Property in Floodplain Zone? S N Plumber Phone: 06 864-809-625 Cell Phone: Attached "elephone: Acreage 192 Page(s) OTHER Are Wetlands
Present? 2006

* include * include tonated time & material	Project New Construction			of sdrooms	Sewer/Sanitary System Is on the property?	iry System roperty?	Water
onated time & material	New Construct				Is on the pi	roperty?	2
Hale Carlo	New Construct	200					3
		A TOTOLA	✓ Seasonal	1	Municipal/City		CITY
	Addition/Alteration	ation 1-Story + Loft	☐ Year Round	2 7	(New) Sanitary Specify Type: Ox	cify Type: CX 2110	Z Well
200 Par	☐ Conversion	☐ 2-Story		ì	xists	cify Type:	
	Relocate (existing bldg)	g bldg) 🗀 Basement			Privy (Pit) or L Va	Vaulted (min 200 gallon)	(n)
	Run a Business on	on 🗌 No Basement		□ None □	Portable (w/service co	contract)	
	Property	A Foundation			Compost Toilet		
					None		
Evicting Structure	If permit being at	Evisting Structure: (If permit being applied for is relevant to it)	Length:	width:		Height:	
Proposed Construction:	tion:		Length: GD	width:	ith: 46	Height:	क्ष
			Description of the second structure	3		Dimensions	Square
Floposedose					-	x 15	
	N Pr	Principal Structure (first structure on property)	cture on property)			(O x 40)	
	□ Re	Residence (i.e. cabin, hunting shack, etc.)	shack, etc.)			< >	
`		with Loft				X	
Residential Use	se	with a Porch					60
		with (2" Porch				- 1	\ \ \ \
		with a Deck	Tree.		8	X X	
		with (2 nd) Deck				×	
Commercial Use	Jse	with Attached Garage	irage LILAURA		× > 9	X X X	N OXC
	B	Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	sleeping quarters, or	r □ cooking & fooc	prep facilities) (×	1
		Mobile Home (manufactured date)	ate)			×	
		Addition/Alteration (specify)				X	
Municipal Use	V	Accessory Building (specify)	NAME OF STREET	VINE DA	1		-150/Kz
	A	Accessory Building Addition/Alteration (specify)	Alteration (specify)			×	
Rec'd for Issuance		Special Isper (overlain)				×	
	_	Conditional Use: (explain)				х)	
		Other: (explain)		***************************************		×	

Secretaring this spiritude in the penaltic of the providing information I (we) acknowledge that I (we) acknowledge that I (we) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am larely responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying or This Information I (we) am (are) providing Information I (we) am (are) providing Information I (we) are some that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying or This Information I (we) am (are) providing Information I (we) further accept to the may be a result of Bayfield County relying or This Information I (we) am (are) providing Information I (we) and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) acknowledge that I (we) are likely in the formation I (we) and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) acknowledge that I (we) are likely which are likely in the likely and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) acknowledge that I (we) are likely which are likely and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) acknowledge that I (we) are likely which are likely and likely are likely which are likely which are likely and likely are d on the Deed All Own or Vietter(s) of authorization must accompany this application) 1-17-2015

Authorized Agent: (If you behalf of the (s) a letter of auth

send permit_

jakovski Lestronki

Lane, Stallesdale

Attach
Copy of Tax Statement
operty send your Recorded Deed

27357

npany this application)

Date

- **Show Location of:** Show / Indicate:
- Show Location of (*):
- Show:
- Show:
- (1) (2) (3) (4) (6) (7) Show any (*): Show any (*):

- Proposed Construction

 North (N) on Plot Plan

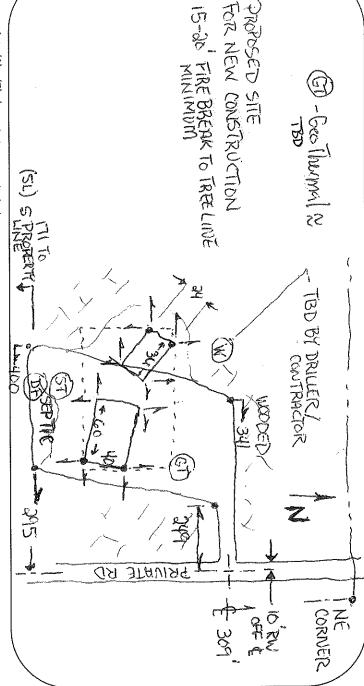
 (*) Driveway and (*) Frontage Road (Name Frontage Road)

 All Existing Structures on your Property

 (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

 (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

 (*) Wetlands; or (*) Slopes over 20%



15-20

Please complete (1) - (7) above (prior to continuing)

Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

			Feet		Setback to Privy (Portable, Composting)
			Feet	200	Setback to Drain Field
Feet	350	Setback to Well	Feet	350	Setback to Septic Tank or Holding Tank
			07850 77800	1	
Feet		Elevation of Floodplain	Feet	1 1 2 1	Setback from the East Lot Line
X No	∐ Yes	20% Slope Area on property	Feet	088	Setback from the West Lot Line
Feet		Setback from Wetland	Feet	り り り	Setback from the South Lot Line
			Feet	330	Setback from the North Lot Line
Feet	1	Setback from the Bank or Bluff			
Feet	1	Setback from the River, Stream, Creek	Feet		Setback from the Established Right-of-Way
Feet	•	Setback from the Lake (ordinary high-water mark)	Feet	7257	Setback from the Centerline of Platted Road
			30.00		
ement	Measurement	Description	ent	Measurement	Description

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.

construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from arriver to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be

9 Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W),

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code

Hold For Sanitary: Hold For TBA: Hold For	Signature of Inspector:	be obstained + complied	Conditions Attach	Date of Inspection: [[-24-]	inspection Record. Gira whee Staked + property Sommegra	Was Parcel Legally Created Y Yes □ No Was Proposed Building Site Delineated Y Yes □ No	Granted by Variance (B.O.A.) Yes \(\setminus \) (\q	Is Parcel a Sub-Standard Lot	Permit #: //o - 0/50 Permit Date: '6	Permit Denied (Date): Reason for Denial:	Issuance Information (County Use Only) Sanitary Number:
Hold For Affidavit:		5 4 5 7 ·	Tiff No they need to be atta	Inspected by unor Esc. Mula of t	- property	Wefe Property Lir	Previously Granted by Variance (B.O.A.)	No Mitigation Required No Mitigation Attached	6-10-16		TV-265
Hold For Fees:		さらなる	repection	Augortz	Survices red.	Were Property Lines Represented by Owner Was Property Surveyed	y Variance (B.O.A.) Case #	□Yes X/0			# of bedrooms: ->
	Date of Approval:	\$ 1 \$ 3 3 C	(s) sheel	Date of Re-Inspection:	Zoning District (Yes Ino		Affidavit Required			Sanitary Date:

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT

Bayfield Co. Zoning Dept.

19 2015

Permit #: Refund: Date: Amount Paid: 名称

Comparison of the detail and accuracy of all information is been examined by me (us) and to the sets of the detail and accuracy of all information is been examined by me (us) and to the sets of the detail and accuracy of all information is used accuracy of all information is been examined by me (are) providing and that will be relied upon by Bayfield Country in detergining whether to issue a permit. If we have a created for the property at the reasonable of the for the purpose of impaction. Owner(s): Owner(s): Owner's listed on the Deed All Owners must sign of letter(s) of authorization must accompany this application.) Date Authorized Agent: Obtained the set of the purpose of indication is a position of authorization must accompany this application.) Date		Rec'd for Issuance special Use: (explain) (x	Addition/Alteration (specify) Accessory Building (specify) Longs / Stange (24 x Accessory Building Addition/Alteration (specify)	eck (ed Garage () () () () () () () () () (Proposed Use ✓ Principal Structure (first structure on property) □ Principal Structure (first structure on property) □ Residence (i.e. cabin. hunting shack, etc.)	Existing Structure: (If permit being applied for is relevant to it) Length: Width: H Proposed Construction: Length: Width: H	nn	Wha Sewer/Sa Is on th	Shoreland Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue If yes—continue Distance Structure is from Shoreline: Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue Distance Structure is from Shoreline: If yes—continue Distance Structure is from Shoreline: If yes—continue Distance Structure is from Shoreline: Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue Distance Structure is from Shoreline: Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue Distance Structure is from Shoreline: Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue Distance Structure is from Shoreline: Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue Distance Structure is from Shoreline: Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue Distance Structure is from Shoreline: Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue Distance Structure is from Shoreline: Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue Distance Structure is from Shoreline: Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue Distance Structure is from Shoreline: Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue Distance Structure is from Shoreline: Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue Distance Structure is from Shoreline: Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue Distance Structure is from Shoreline: Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue Distance Structure is from Shoreline: Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue Distance Structure is from Shoreline: Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes If	PROJECT Legal Description: (Use Tax Statement) Section 13 , Township 46 N, Range 9 W Figure 1915 Recorded Jodinary (23 digits) Recorded Jodinary (PIN: (23 digits)	PRIVY © CONDITIONAL USE © SPECIAL USS: SS: City/State/Zip: Agent Mailing Address (include City/State/Zip) Agent Mailing Address (include City/State/Zip)
t and complete. I (we) ackre e a permit. I (we) further a tering county ordinances to tering the last series of the last series		(x)		× × × ×	× × × ×	Dimensions (X)	Height:	Specify Type: Specify Type: Vaulted (min 200 gallon) ce contract)	t Type of nitary System e property?	Is Property in et Floodplain Zone?	me (0%) Page(s) MA Ivision: Acreage Acreage	SE BOA. BOTHER 1357 Telephone: Cell Phone: SUL-Wolfer Plumber Phone: Attached Attached O yes D No
rowledge that I (we) occept lability which have access to the	4474		498			Square Footage		lon)	Water	Are Wetland: Present? Yes No	e(s) MA	A. OTHER Telephone: 3%-7%-43/8 Cell Phone: 864-869-636 Plumber Phone: Written Authorization Attached 1 yes No

If you recently purch (cation)

Attach

Copy of Tax Statement

ased the property send your Recorded Deed

Address to send permit

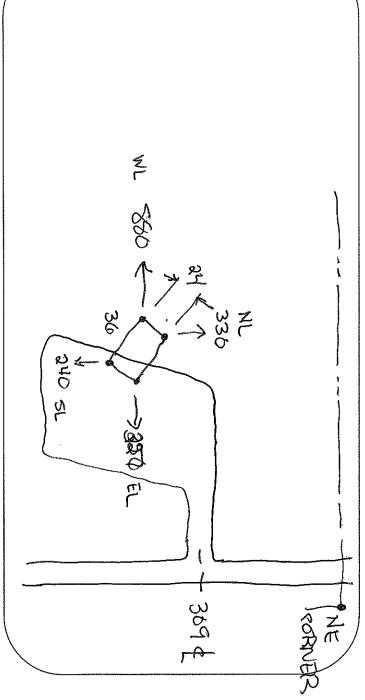
(If you are signing on behalf of the owner(s) a letter of authors (1976) (1976) 10USe

SUL

- Show Location of:
 Show / Indicate:
 Show Location of (*):

- Show:
- (2) (3) (4) (5) (5) (7)
- Show any (*): Show any (*):

- Proposed Construction
 North (N) on Plot Plan
 (*) Driveway and (*) Frontage Road (Name Frontage Road)
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Feet		Elevation of Floodplain	Feet	750	Setback from the East Lot Line
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Feet		Setback from Wetland	Feet	240	Setback from the South Lot Line
			Feet	(V)	Setback from the North Lot Line
Feet	1	Setback from the Bank or Bluff			
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The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: / ことく # of bedrooms: ろ Sanitary Date: ニューション	IJ
Permit Denied (Date):	Reason for Denial:	
Permit #: //o - 0/5/	Permit Date: $(6.70.70)$	
Is Parcel a Sub-Standard Lot	ord)	8 8
Granted by Variance (B.O.A.) U Yes No Case #:	Previously Granted by Variance (B.O.A.)	N.N.
Was Parcel Legally Created Was Proposed Building Site Delineated Pes ON	Were Property Lines Represented by Owner XYes Was Property Surveyed	No o
Inspection Record: Sid will Sta	Staken + Surest Zoning District (Fig.	
Date of inspection: 11-24-15	Ų	
Condition(s): Town, Committee or Board Conditions Attached? Bulliand Small Conditions Attached?	not be used to be attached.)	ξ
Signature of Inspector:	Date of Approval: 1-2-4-	
Hold For Sanitary: Hold For TBA:	Hold For Affidavit: Hold For Fees:	
The state of the s		